

REPLACEMENT DRAWING

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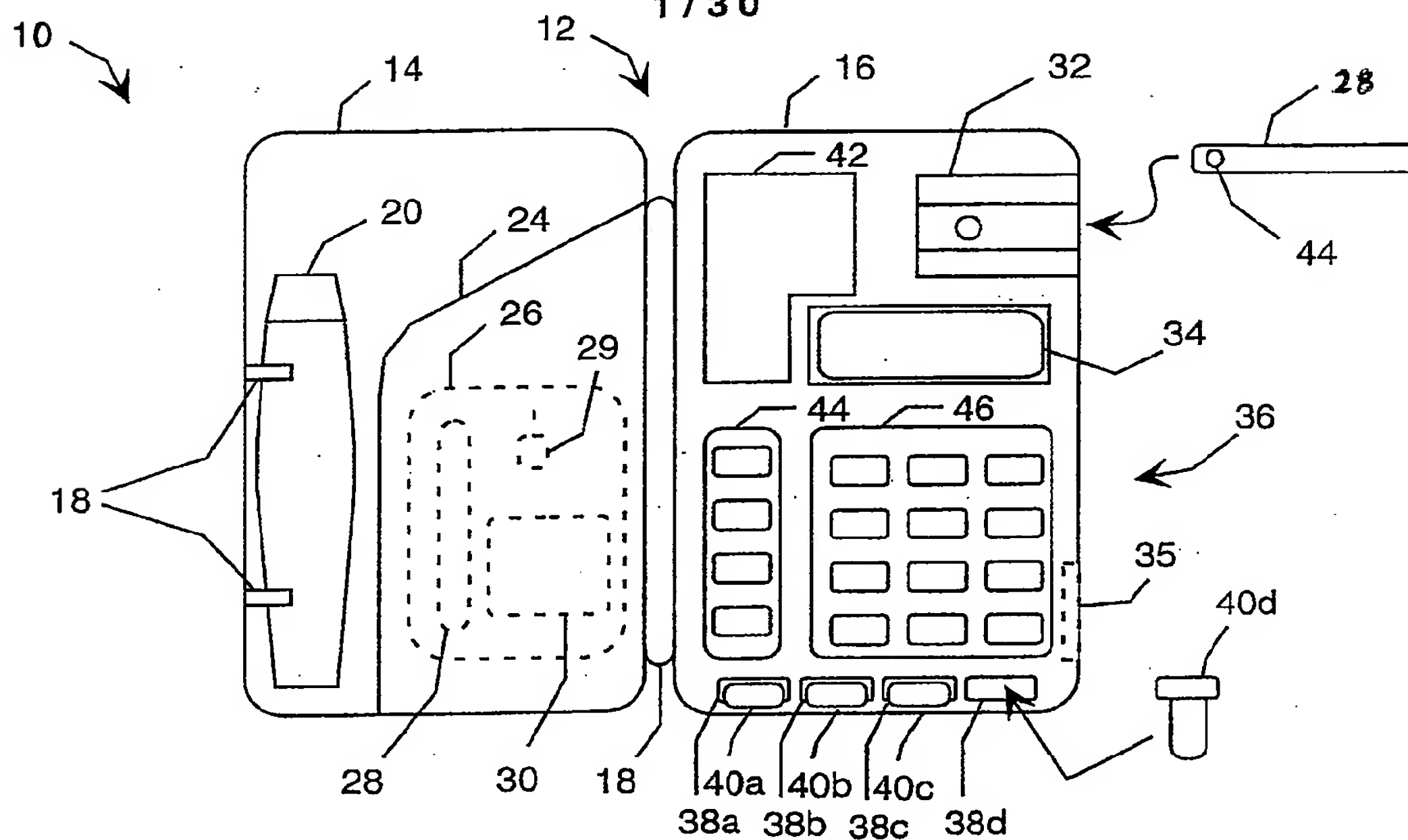


FIG. 1A

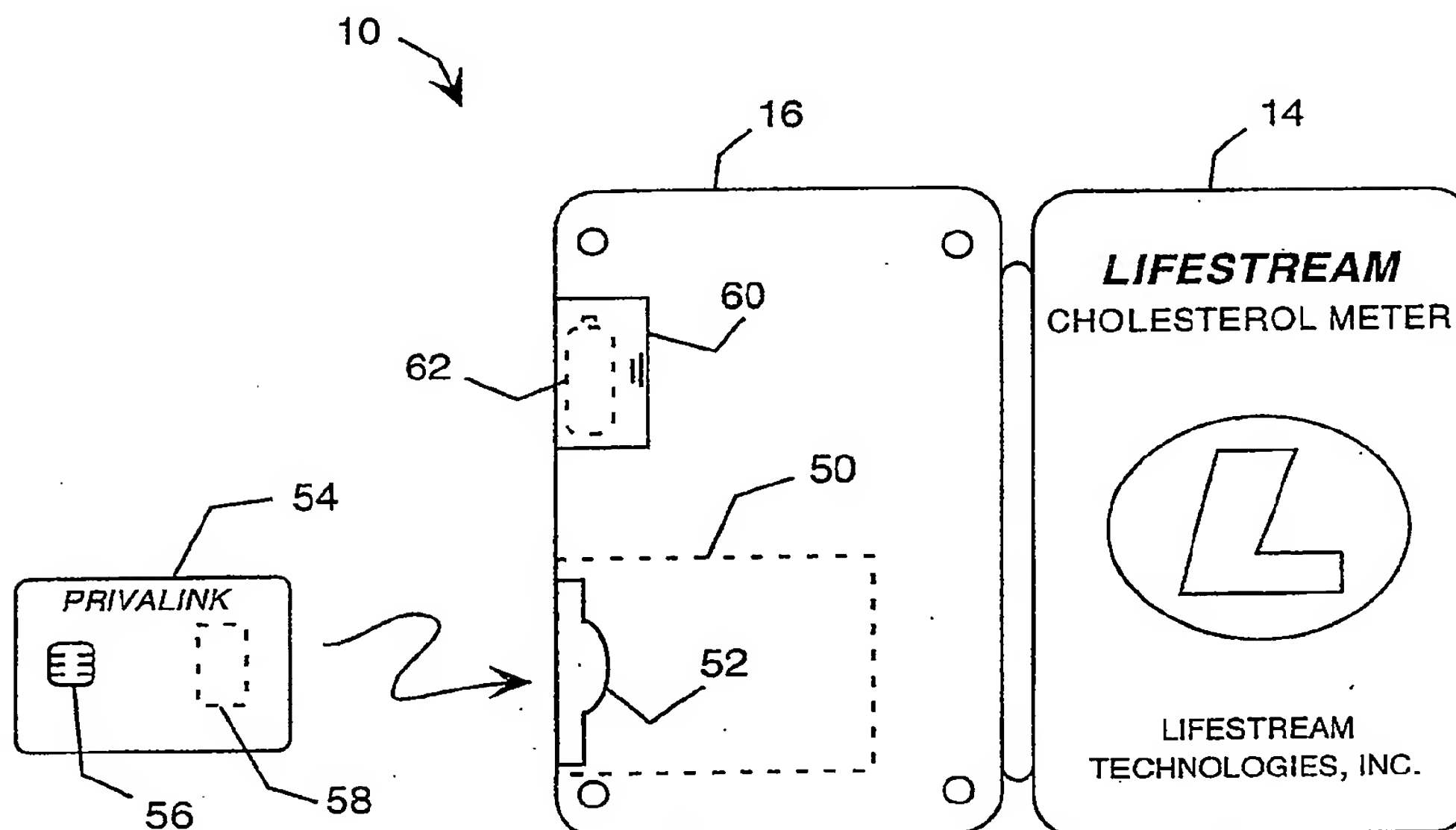


FIG. 1B

REPLACEMENT DRAWING

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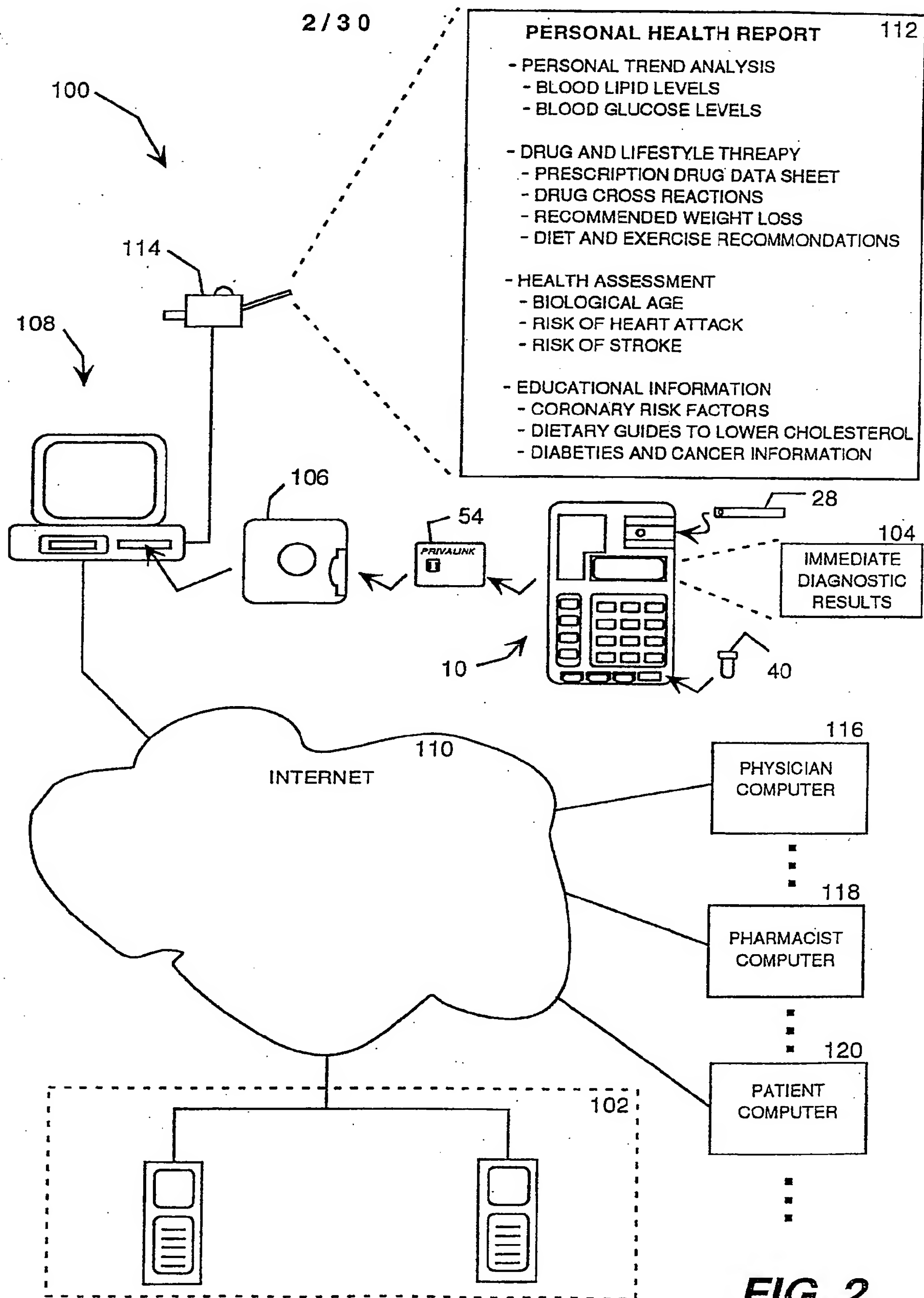


FIG. 2

REPLACEMENT DRAWING

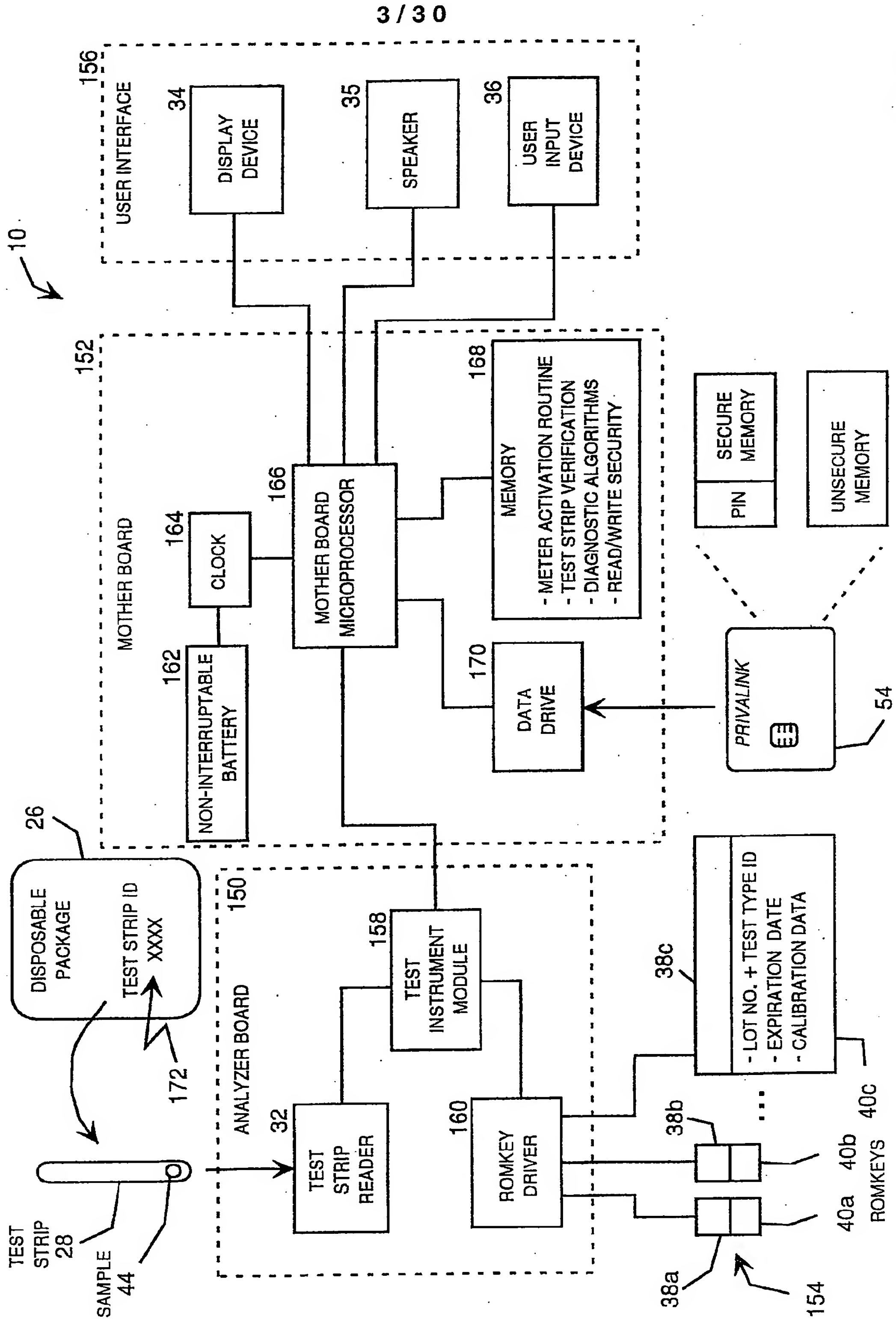


FIG. 3

REPLACEMENT DRAWING

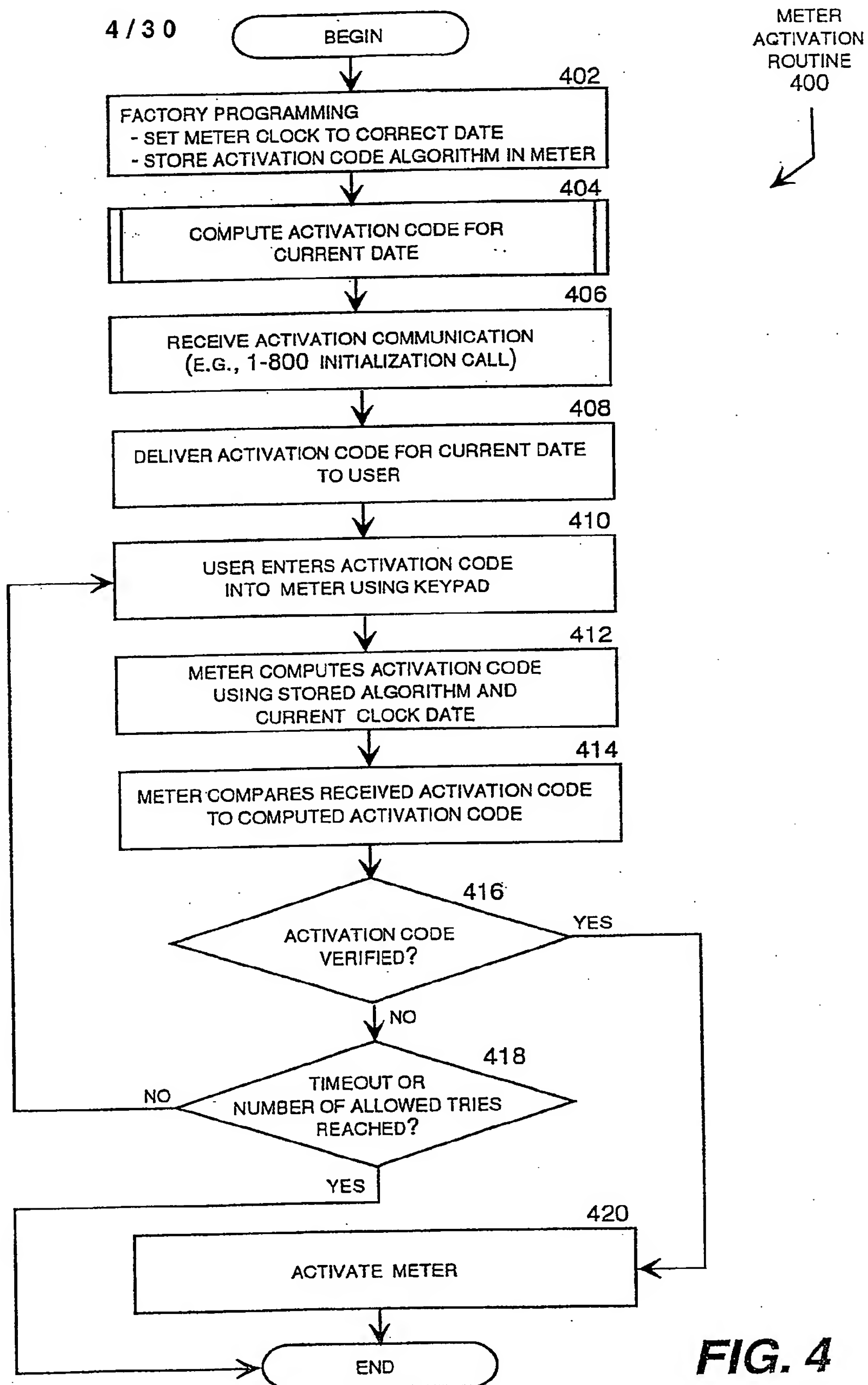


FIG. 4

REPLACEMENT DRAWING

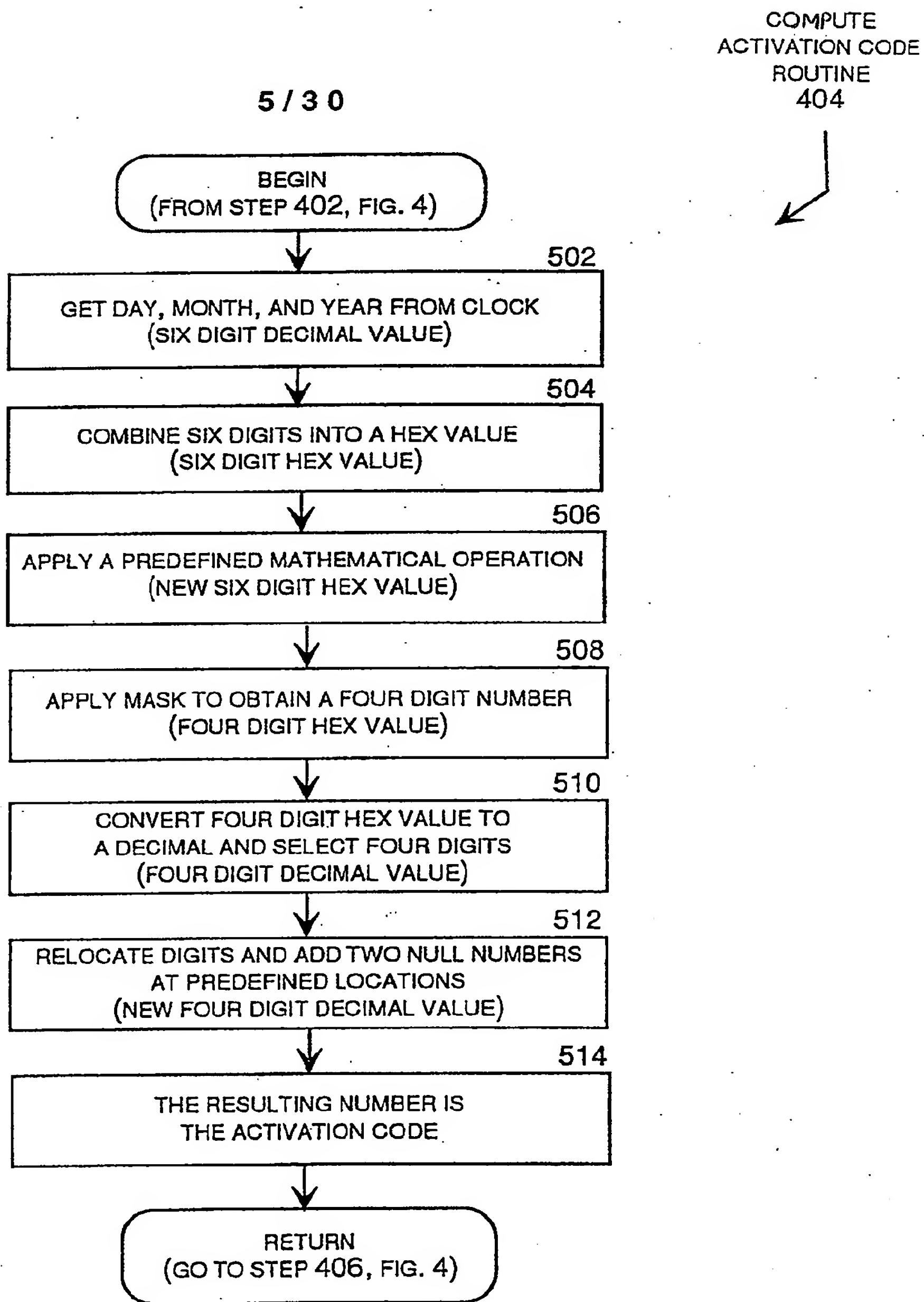
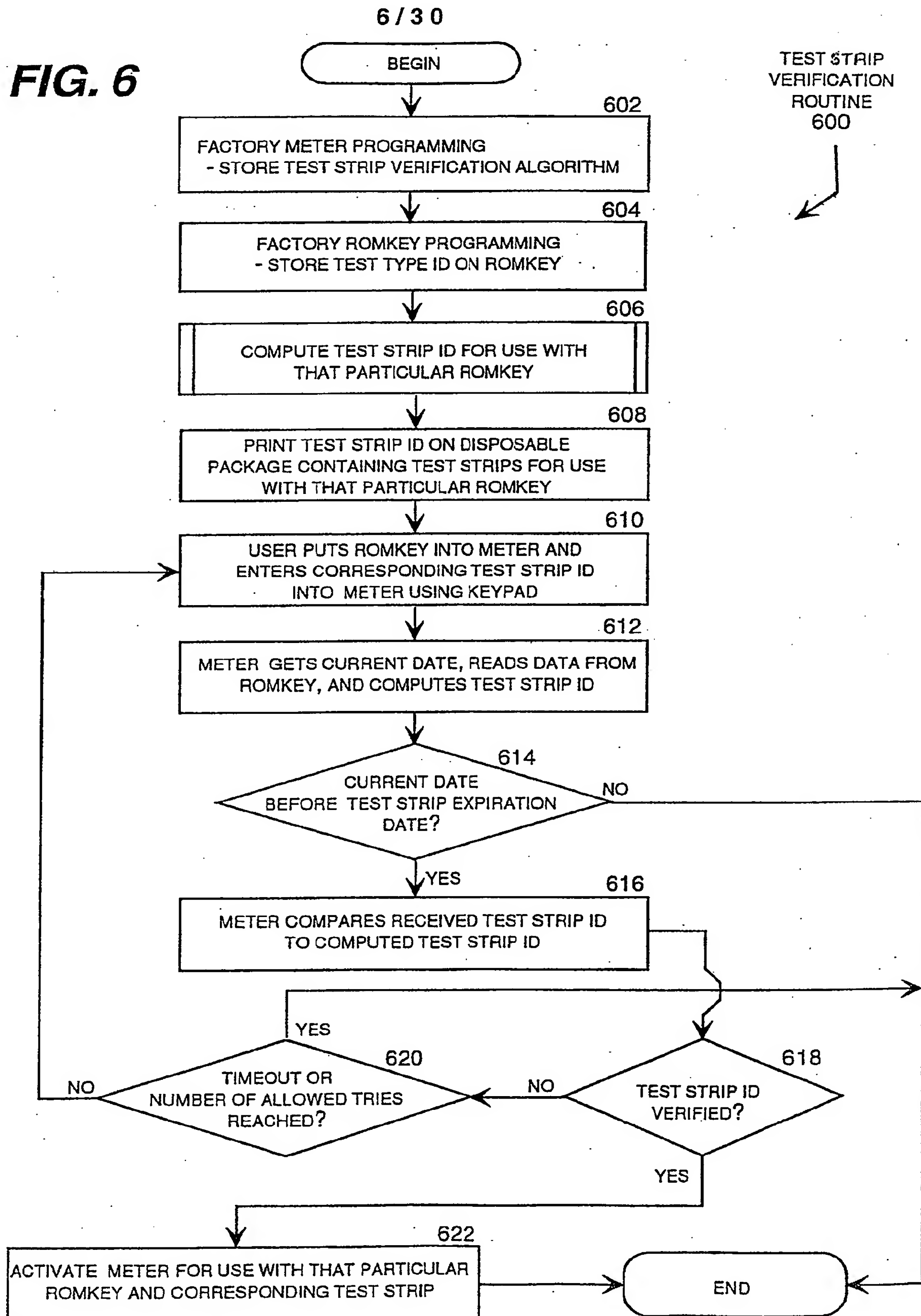


FIG. 5

REPLACEMENT DRAWING

FIG. 6



REPLACEMENT DRAWING

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COMPUTE
TEST STRIP ID
ROUTINE
606

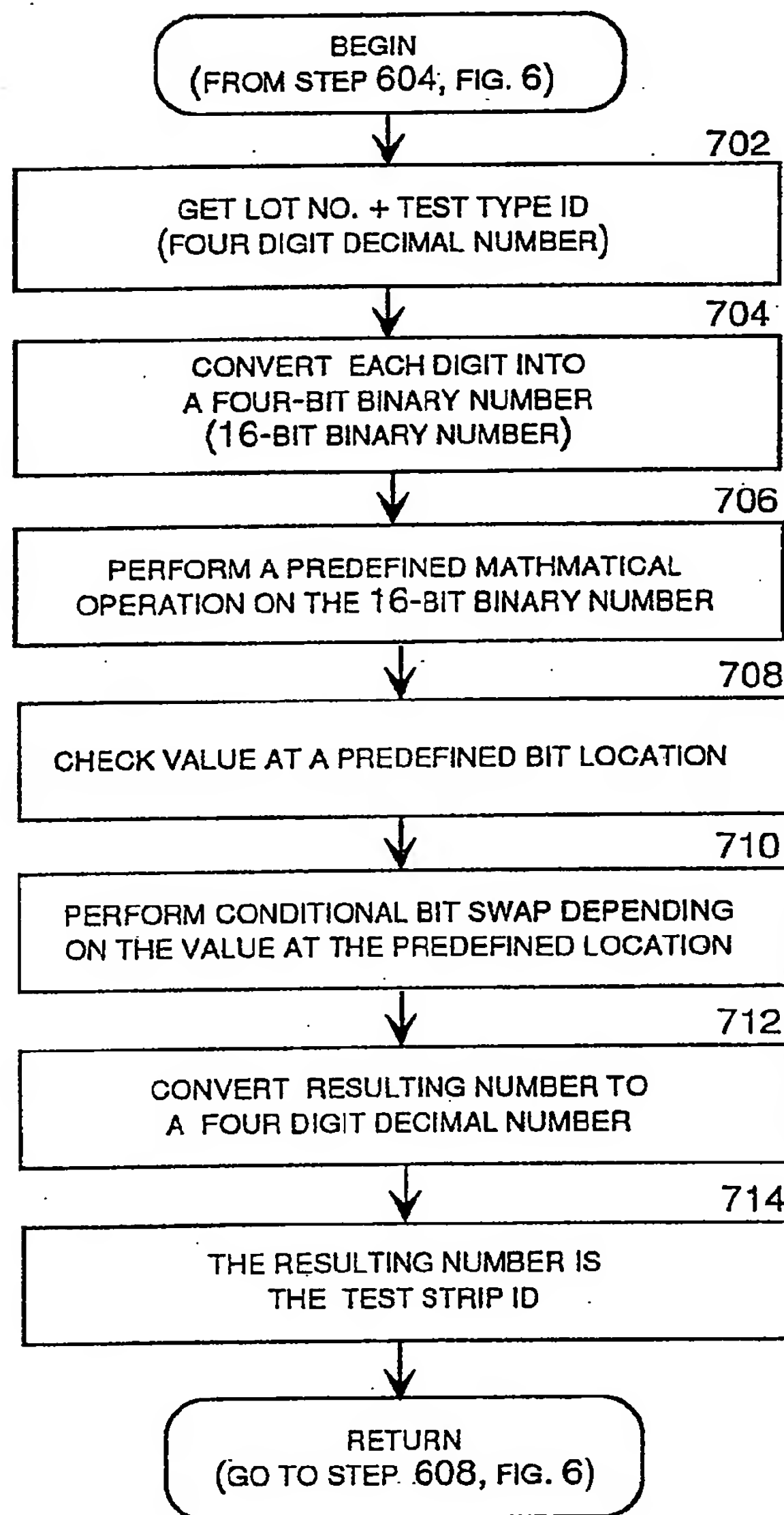


FIG. 7

REPLACEMENT DRAWING

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DIAGNOSTIC
PROGRAMMING
ROUTINE
800

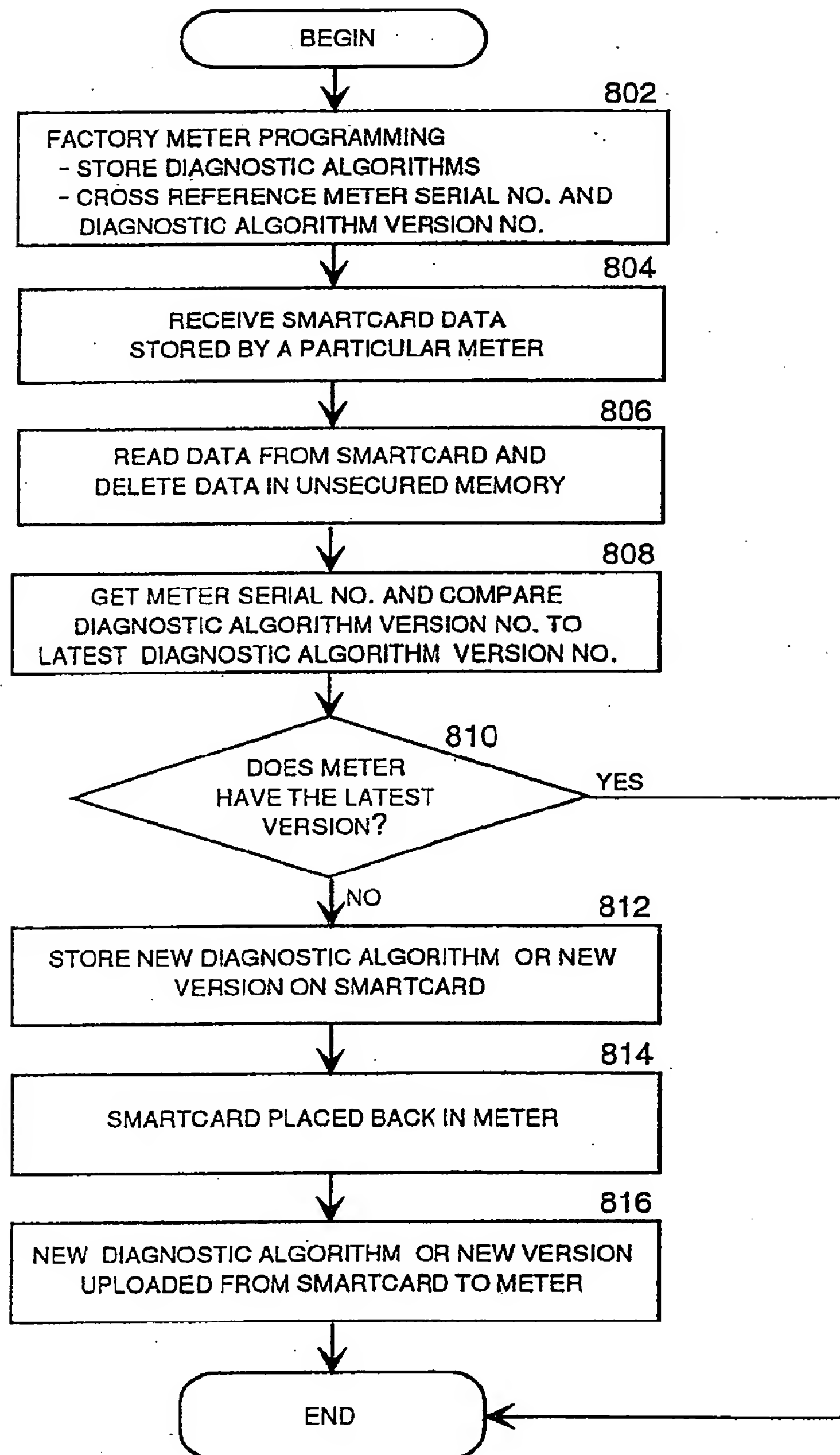


FIG. 8

REPLACEMENT DRAWING

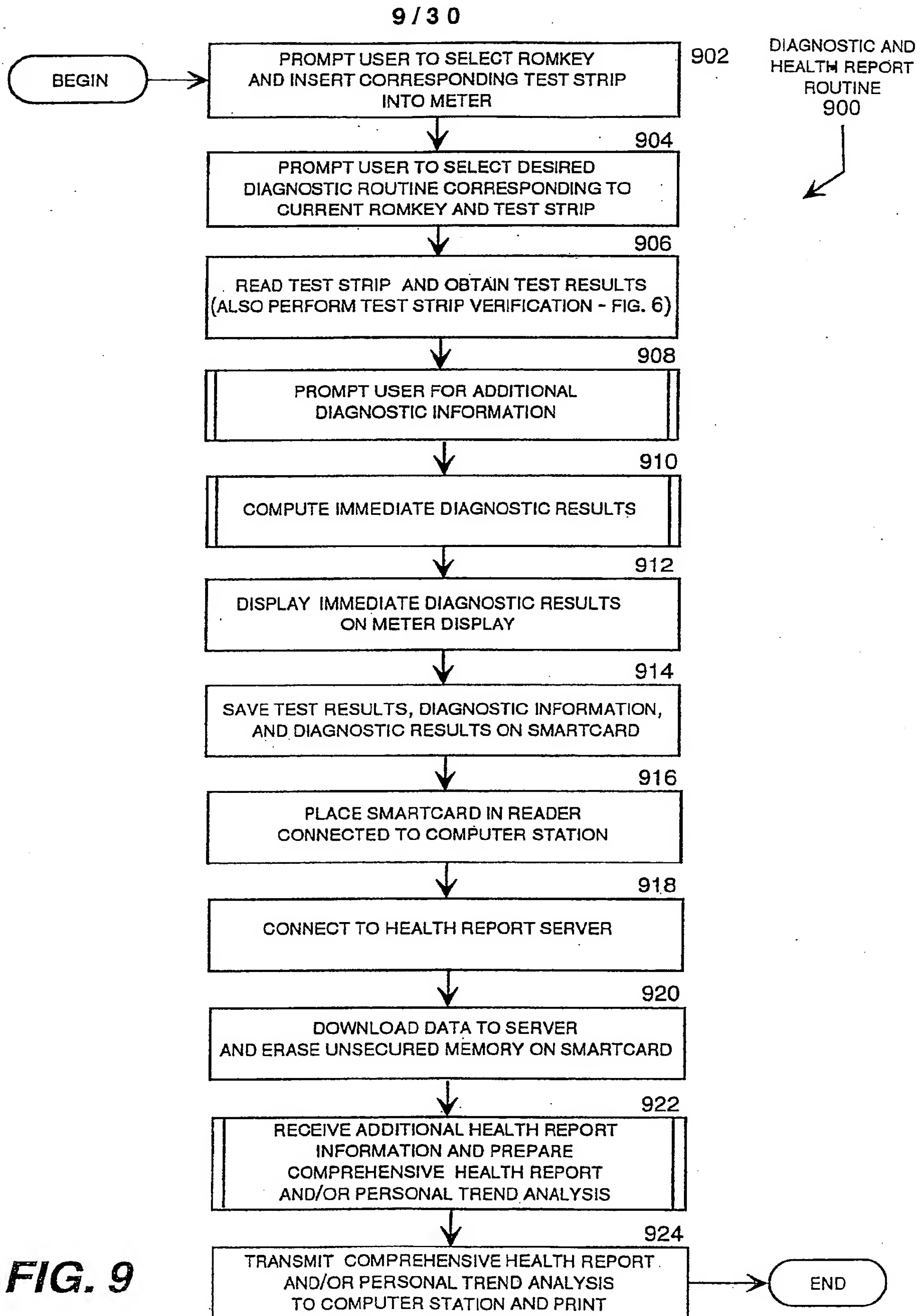
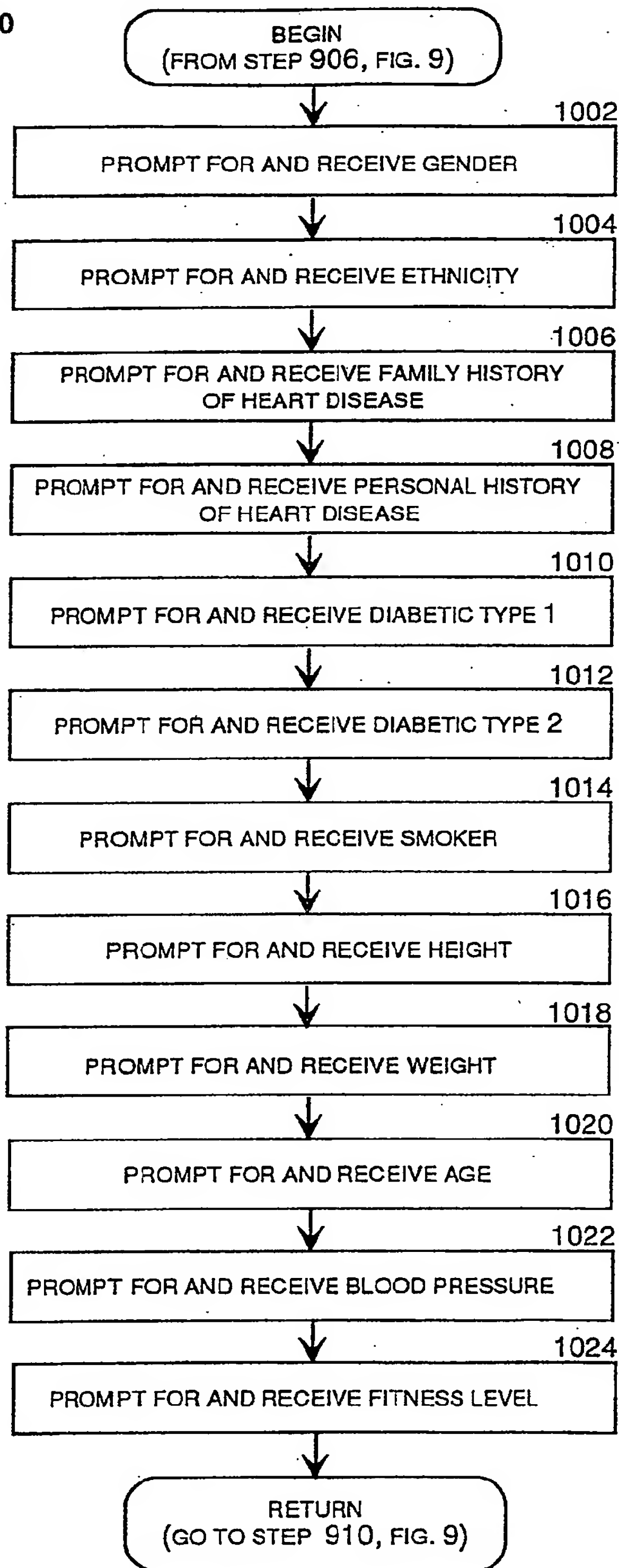


FIG. 9

REPLACEMENT DRAWING

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EXAMPLE
CHOLESTEROL
ROUTINE
908

FIG. 10

REPLACEMENT DRAWING

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EXAMPLE
CHOLESTEROL
ROUTINE
910

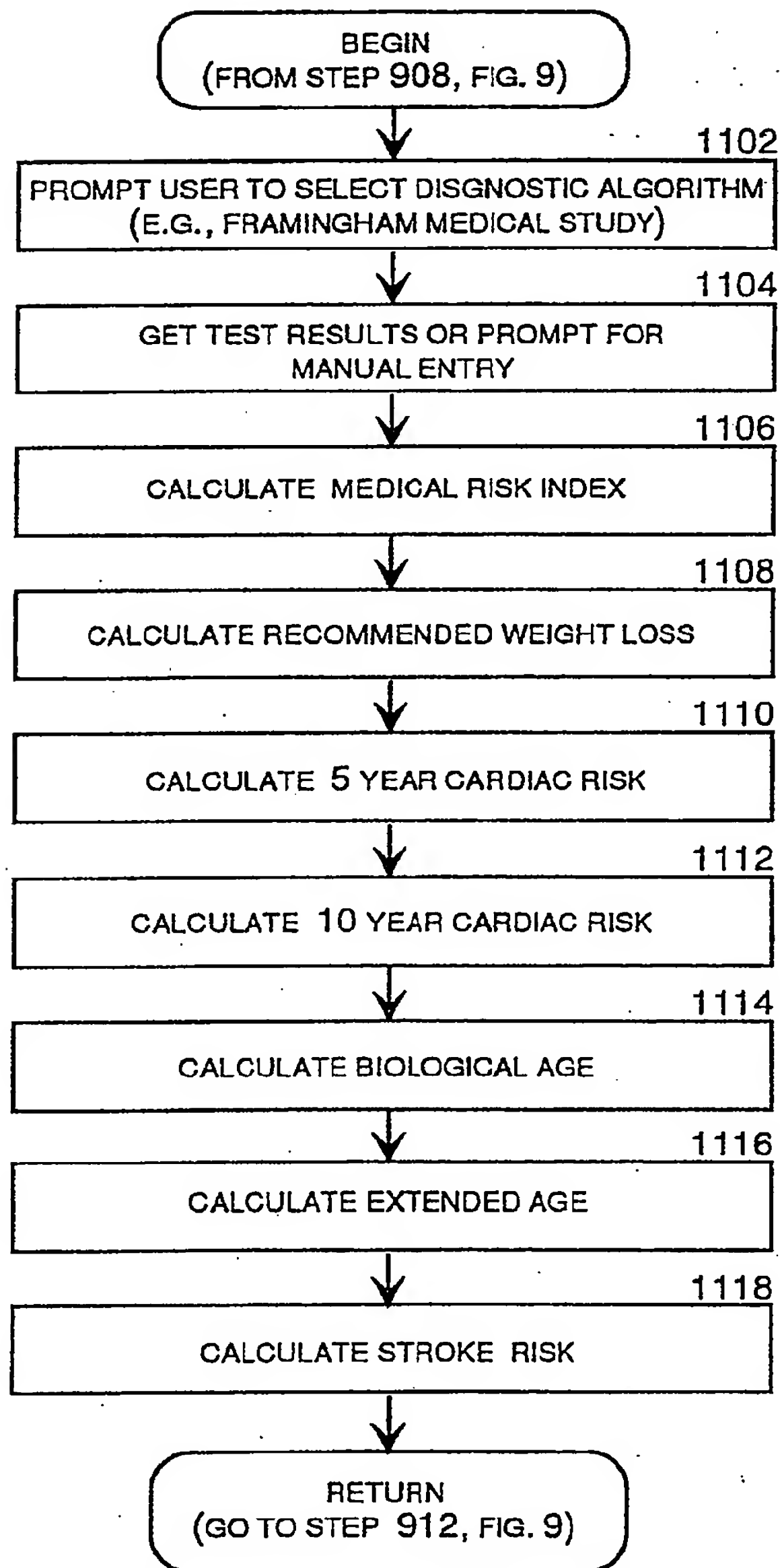
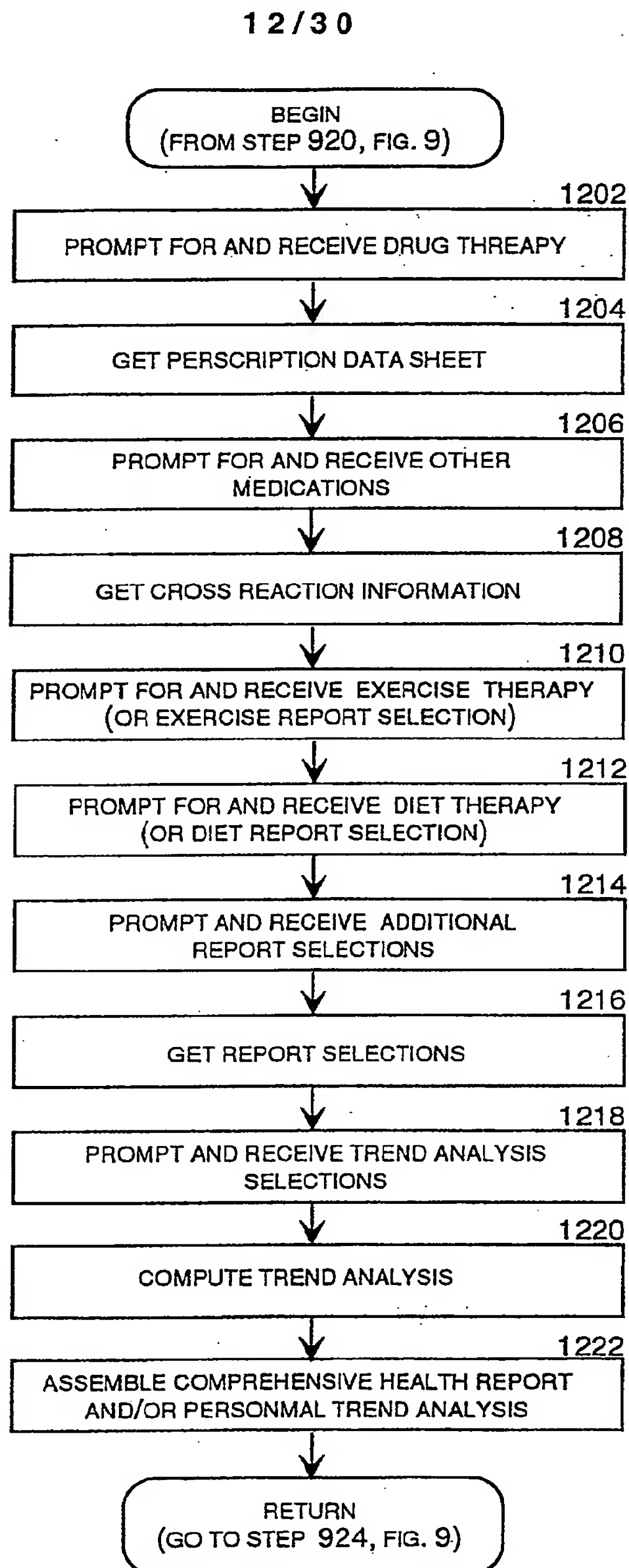


FIG. 11

REPLACEMENT DRAWING



EXAMPLE
CHOLESTEROL
ROUTINE
922

FIG. 12

REPLACEMENT DRAWING

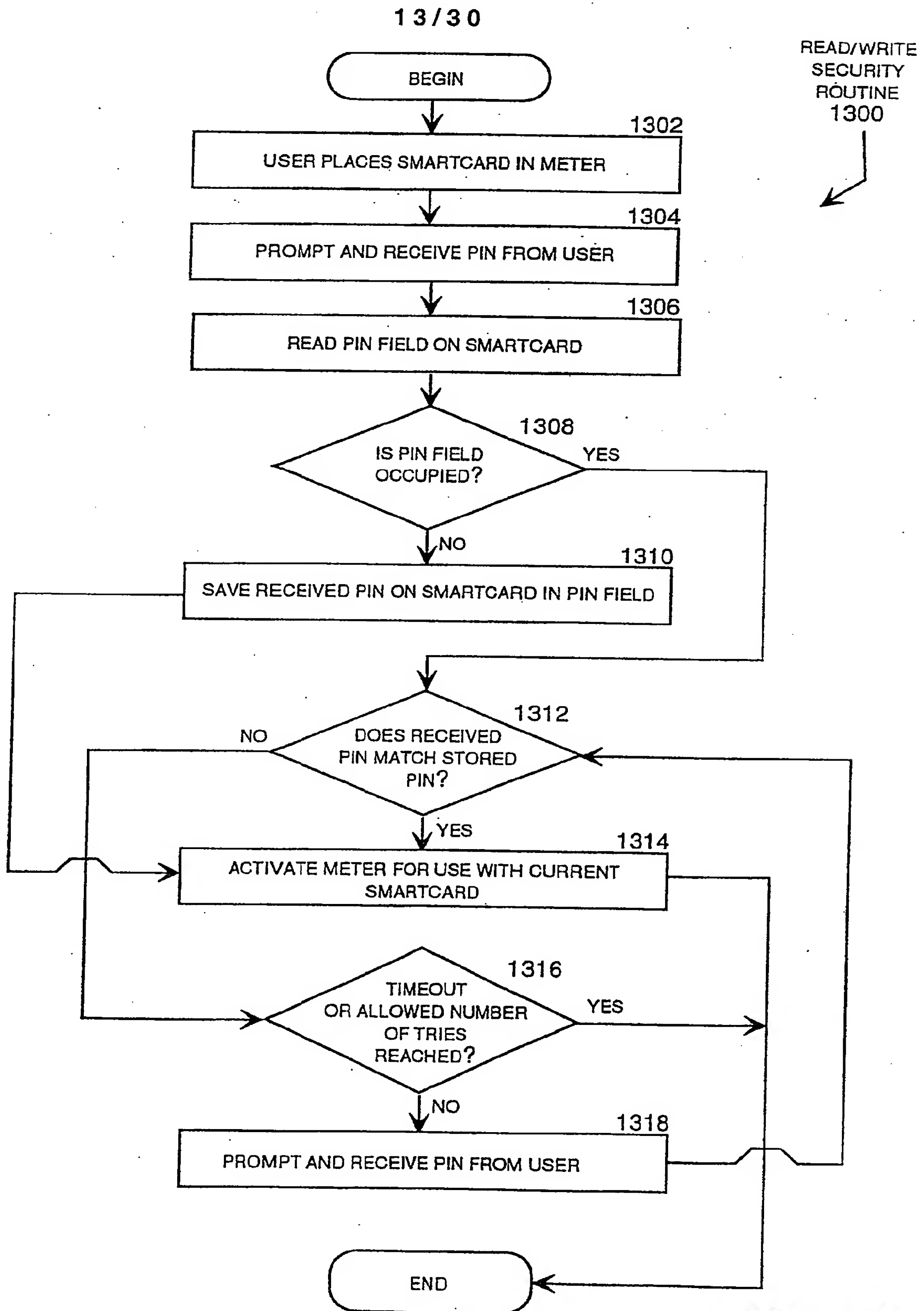


FIG. 13

REPLACEMENT DRAWING

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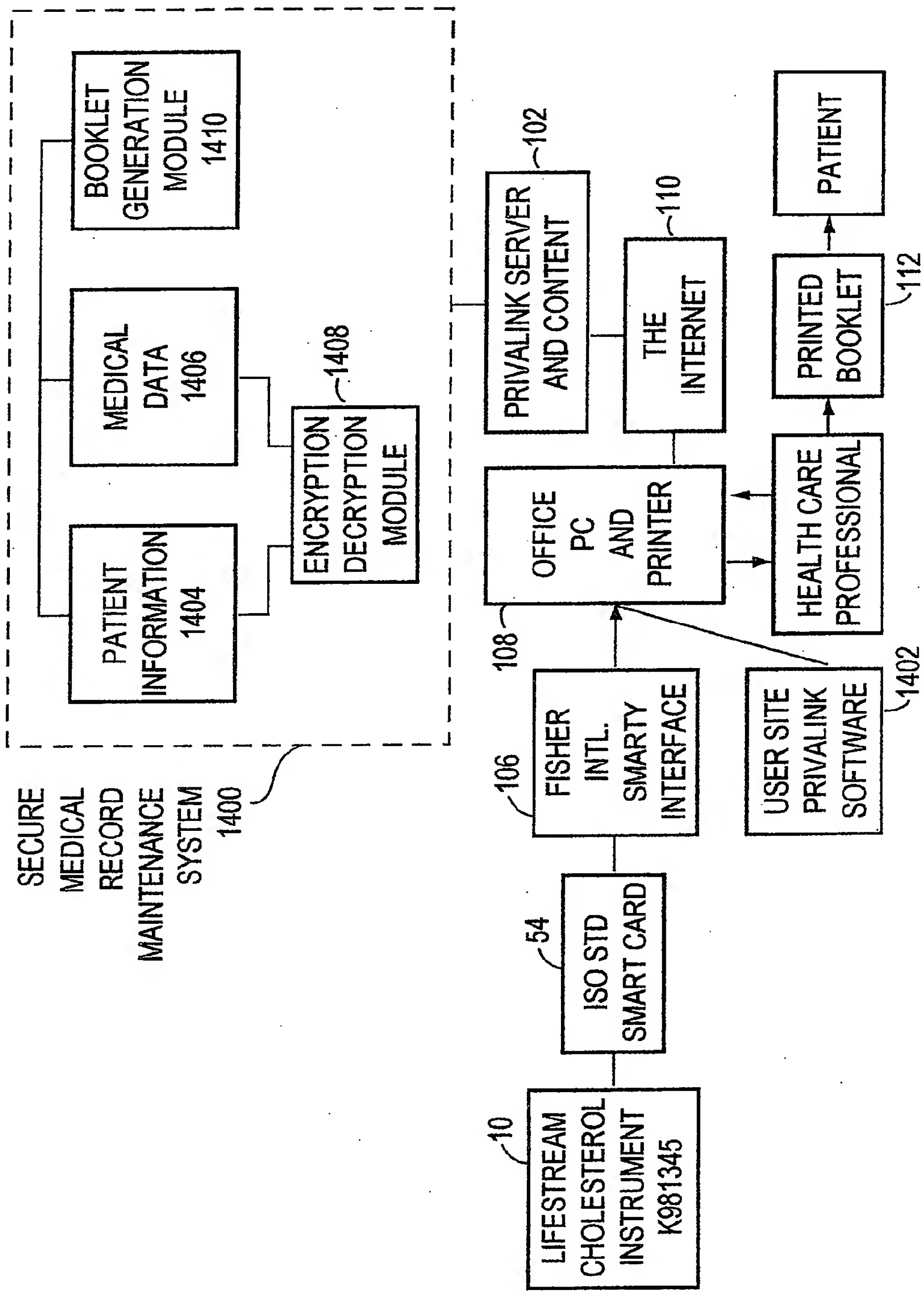


FIG. 14

REPLACEMENT DRAWING

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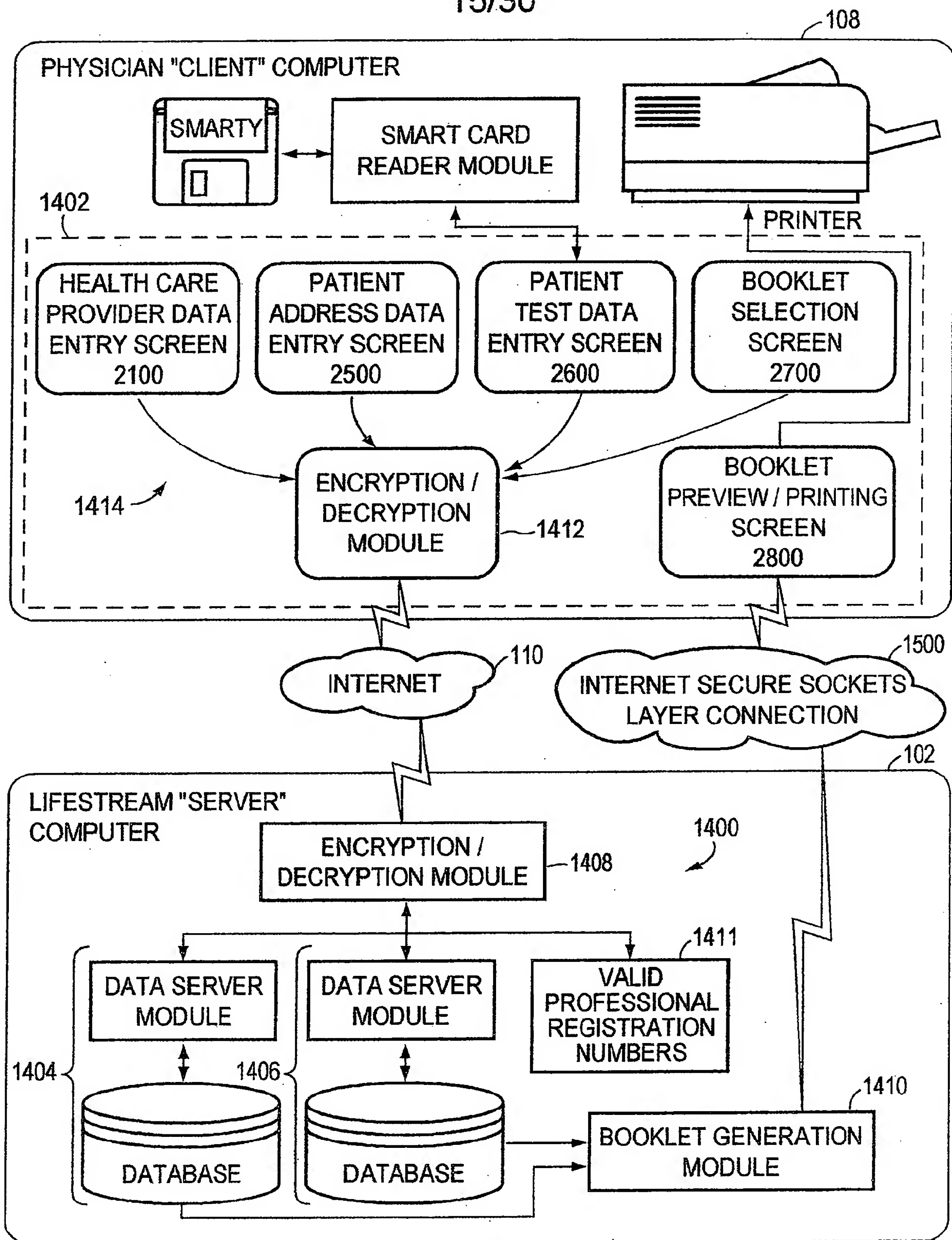


FIG. 15

REPLACEMENT DRAWING

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GLOBAL SYSTEM HARDWARE PICTORIAL

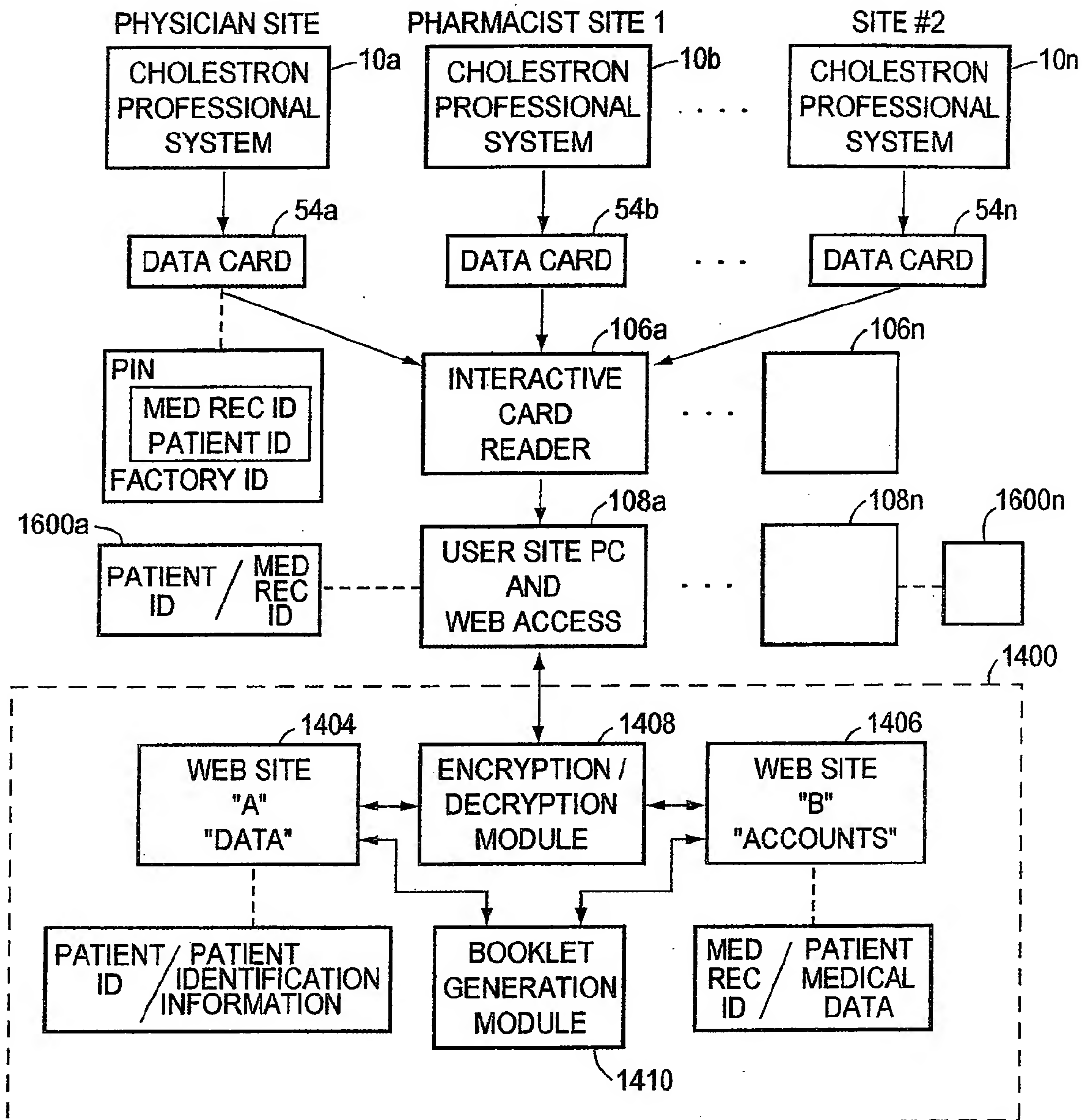
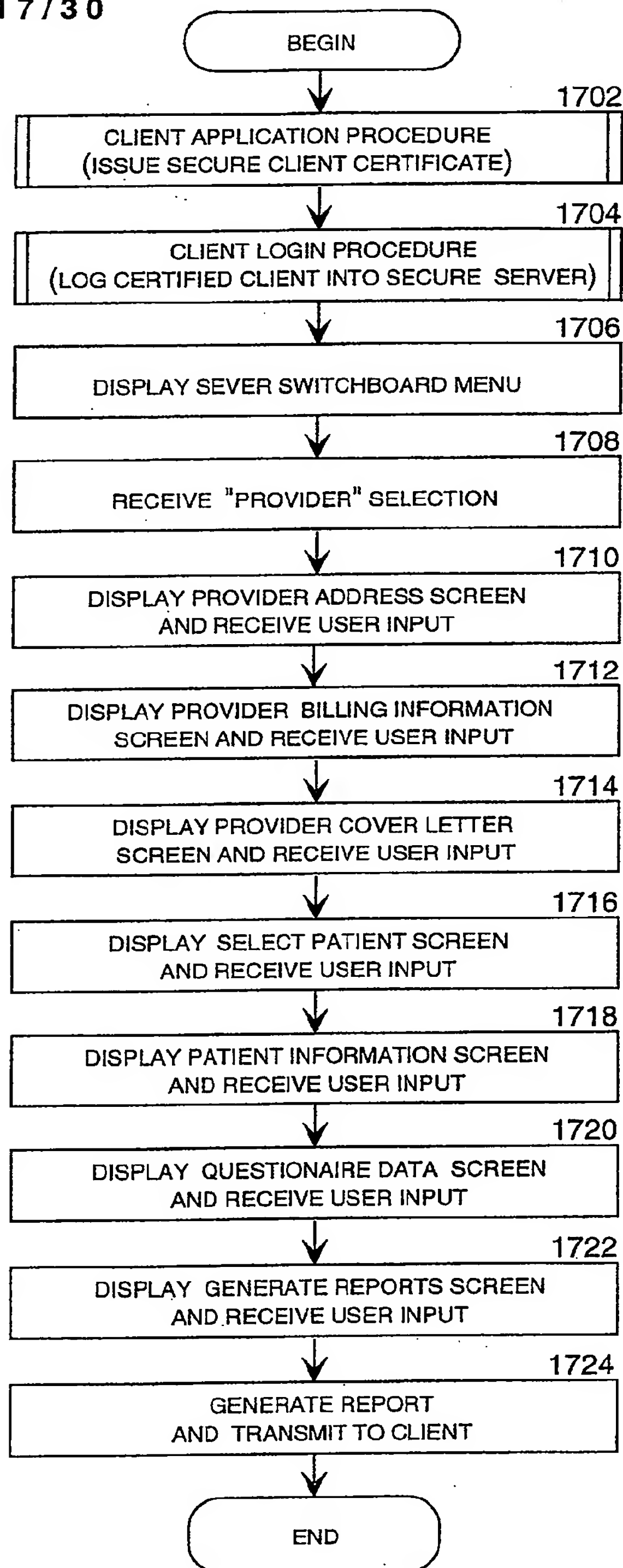


FIG. 16

REPLACEMENT DRAWING

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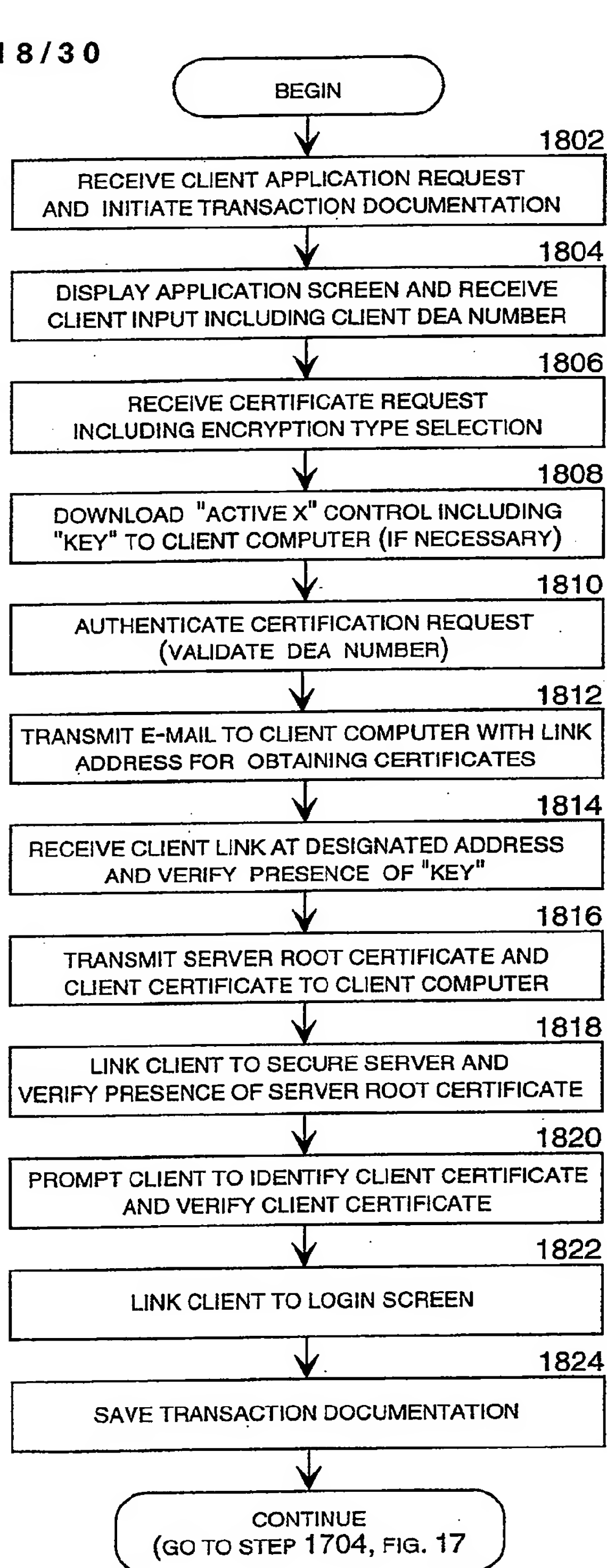


CLIENT
ACCESS
ROUTINE
1700

FIG. 17

REPLACEMENT DRAWING

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CLIENT
APPLICATION
ROUTINE
1702

FIG. 18

REPLACEMENT DRAWING

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CLIENT
LOGIN ROUTINE
1704

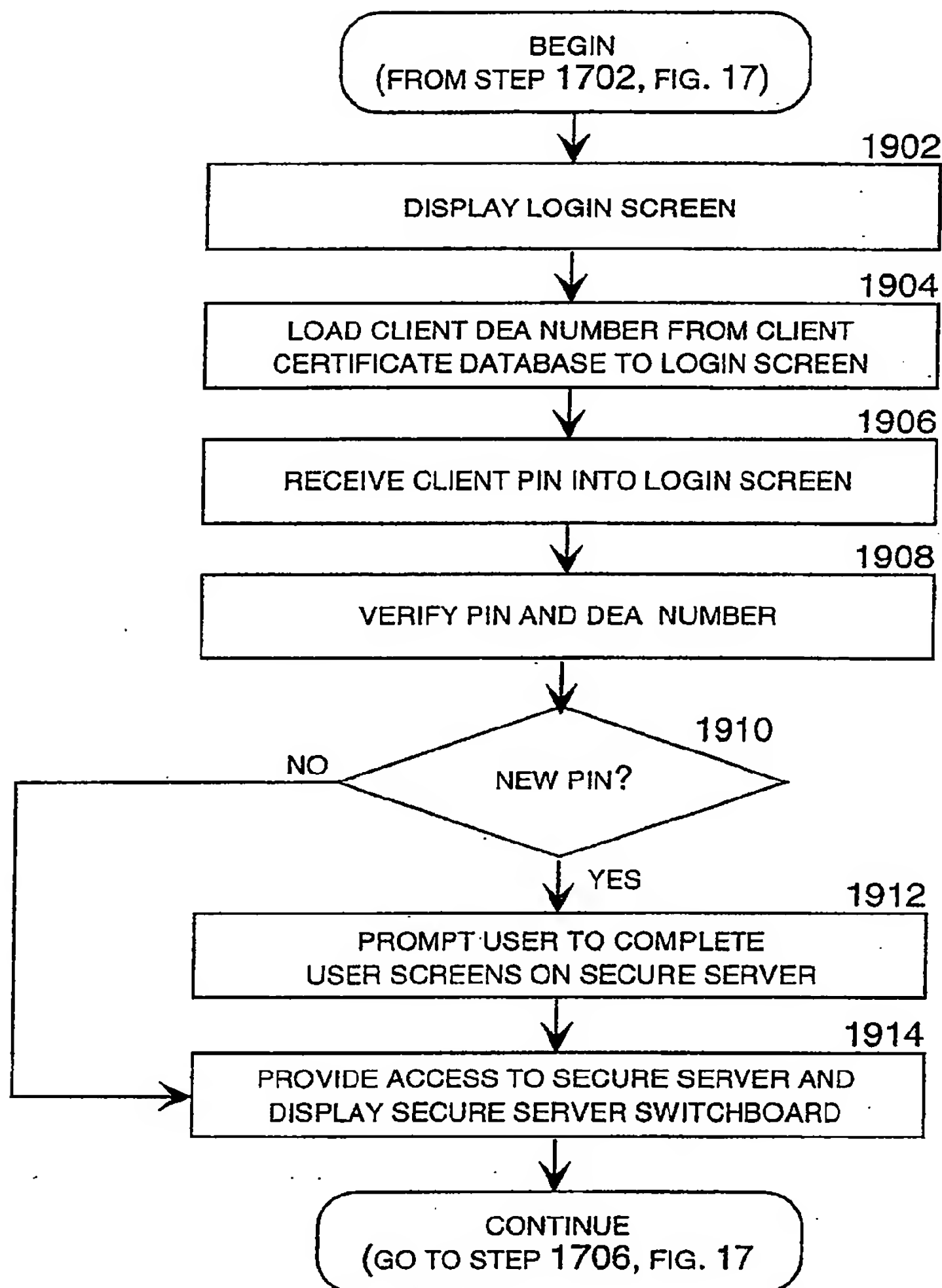


FIG. 19

REPLACEMENT DRAWING

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INITIAL INPUT SELECTION 2000

2002 2004

Provider	Patients	Programs	Online PDR	Abstracts
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FIG. 20

BILLING MODULE 2100

2102 2106 2108 2110 2104

Address Billing Info Cover Letter

Account

Provider Number XX1234567 PIN ****

Name

Title	First	Last	Degree
	Lifestream	Technologies	

Address

Street Address

510 Clearwater Loop

Suite 101

City	State/Region	Postal Code
Post Falls	ID	83854

Country United States

Other

Phone	Fax
(208) 457-9409	(509) 457-9509
Birthdate	E-mail
1/1/60	sales@lifestreamtech.com

Associate PIN Numbers

First Name	Last Name
Jane	Worker
Joe	Worker

Add Modify Delete

Notes

1.0.3.4

Save

FIG. 21

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2108

2200

2202

Address

Billing Info

Cover Letter

Billing Method

Credit Card

Credit Card Information

Credit Card Number

Expiration Date

Name on card

Checking Account Information

Checking Account

Routing Number


 Save

FIG. 22

22/30

2110


Address	Billing Info	Cover Letter
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From the Office of Lifestream Technologies
510 Clearwater Loop, Suite 101, Post Falls, Idaho 83854
Phone: (208) 457-9409 Fax: (208) 457-9509

~Data~

~Pt.Name~
~Pt.Address~
~Pt.City~, ~Pt.State~ ~Pt.Zip~

Dear ~Pt.FirstName~,

 Editor


 Save

FIG. 23


23/30

2400

1.0.253


Select an existing patient or add a new patient


☒ Select Existing Patient


 Read SmartCard


☐ Add New Patient

Administrative

 Backup

 Recreate Card

 Restore

 Quick List


 Next


FIG. 24

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2500

Patient Information

Account		Other	
File Number	Entry Date	Phone	Fax
123	11/24/98	(509) 555-1212	
Name		Birthdate	Gender
First	Last	1/1/50	<input type="radio"/> Male
Jill	Smith		<input checked="" type="radio"/> Female
Address		E-mail	
Street Address			
110 Main			
City	State/Region	Postal Code	
Spokane	WA	99201	
Country	Language		
United States	English		
		Notes	

 Save



 Previous  Next

FIG. 25

REPLACEMENT DRAWING

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2600

Questionnaire Data

Patient

File Number	First	Last	Test Time Stamp
123	Jill	Smith	12/8/98 10:16:01AM

Risk Components

Family History	<input checked="" type="checkbox"/>	Height	68 inches	Glucose	0 mg/dl
Personal History	<input type="checkbox"/>	Weight	165 pounds	Body Fat	24 %
CVD	<input type="checkbox"/>	Age	48 Years	Systolic	140
AF	<input type="checkbox"/>	Chol	215 mg/dl	Diastolic	80
LVH	<input type="checkbox"/>	Tng	0 mg/dl	Fitness	Sedentary
Diabetes Type 1	<input type="checkbox"/>	LDL	0 mg/dl	Ethnicity	Caucasian
Diabetes Type 2	<input type="checkbox"/>	HDL	0 mg/dl	Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
Smoker	<input checked="" type="checkbox"/>				

Navigation: [Previous] [Next] [Home] [Back] [Forward] [Add] [Record 1 of 1] [Read SmartCard] [Save] [Previous] [Next]

FIG. 26

26/30

2700

Generate Reports

Current Test

File Number

123

First

Jill

Last

Smith

Test Time Stamp

12/8/98 10:16:01AM

☒ Full Program

☒ Cover Letter

☒ Summary

☒ Evaluation

☒ Receipt

Lifestyle Therapy

None

NCEP

Lipid Drug

None

Blood Pressure Drug

None

Generate Report

Previous

FIG. 27

REPLACEMENT DRAWING

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2802

CORONARY RISK FACTORS		TEST RESULTS	IDEAL RANGE	GOALS
IDEAL IDEAL	GENDER	MALE		
	PERSONAL HISTORY	NO	NONE	
	FAMILY HISTORY	NO	NONE	
	CVD	NO		
MODERATE HIGH	AF	NO		
	LVH	NO		
	DIABETES (TYPE 1)	YES	NONE	
	SMOKER	YES	NO	
MODERATE	HEIGHT	66 in		
	WEIGHT	155 lbs		
	AGE	44		
	TOTAL CHOLESTEROL	211	< 200	
IDEAL IDEAL LOW LOW	TRIGLYCERIDES	200		
	HDL	N/A	45-65	
	LDL	N/A	65-135	
	GLUCOSE	N/A		
IDEAL IDEAL LOW LOW	PERCENTAGE OF BODY FAT	N/A	18%	
	BP SYSTOLIC	115	< 120	
	BP DIASTOLIC	80	< 80	
	FITNESS	MODERATE	HIGH	

2804

PERSONAL HEALTH CONSEQUENCES		
BODY MASS INDEX (BMI)	25	< 25
POUNDS OVERWEIGHT	0	0
CHOLESTEROL/HDL RATIO	N/A:1	< 3.5:1
CARDIAC RISK	5 YEARS - 5% 10 YEARS - 10%	
BIOLOGICAL AGE	47	< 44
STROKE RISK	10 YEARS - LOW RISK	

2806

EXTENDED HEALTH ASSESSMENT SUMMARY

CHRONOLOGICAL AGE	30	40	50	60	70
CARDIAC AGE	N/A	N/A	52	62	69

FIG. 28

REPLACEMENT DRAWING

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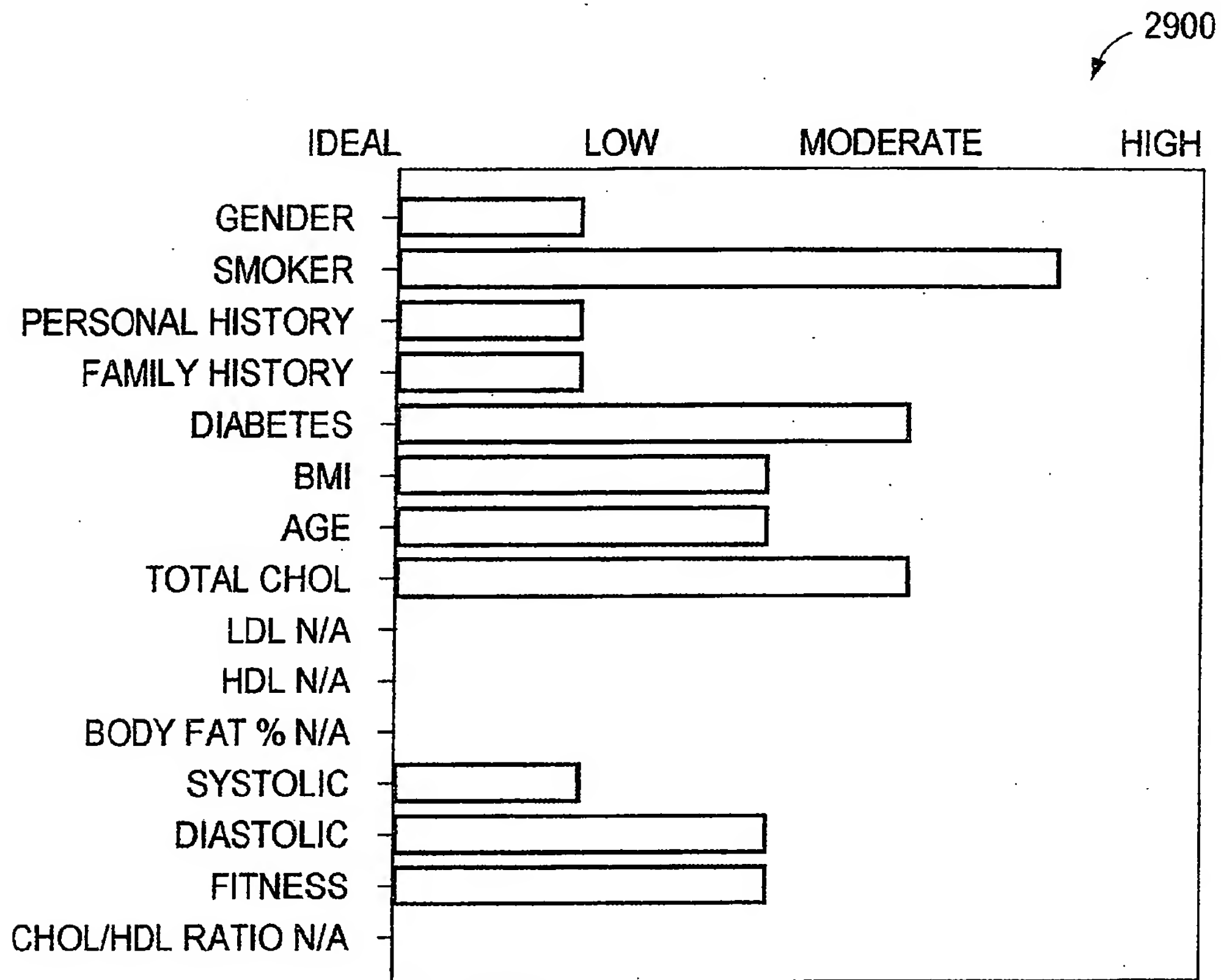


FIG. 29

REPLACEMENT DRAWING

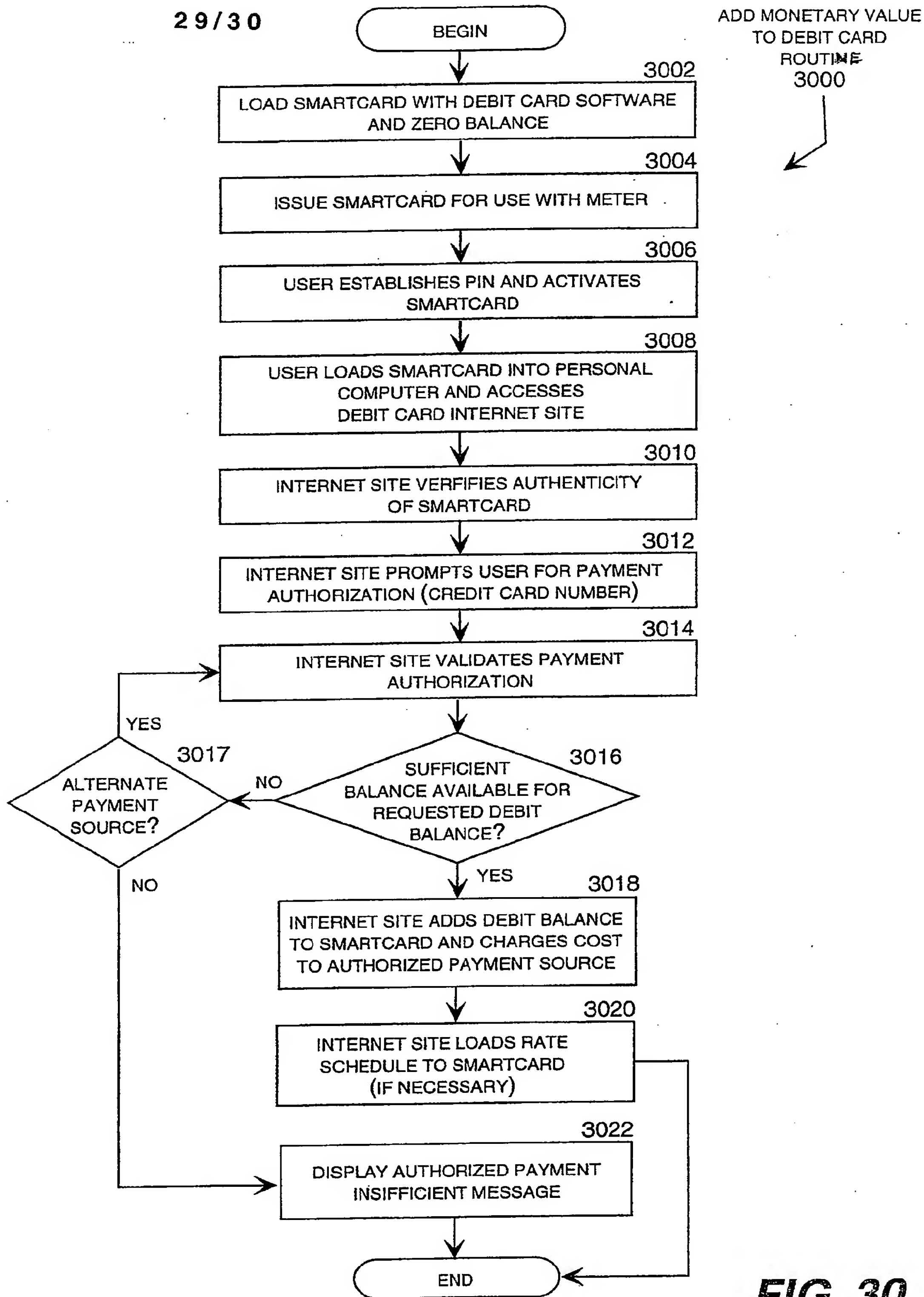


FIG. 30

REPLACEMENT DRAWING

